

Personally Speaking

All About People

Volume 2, Issue 3

DIVISION OF MENTAL RETARDATION SERVICES

July 2007

LIGHT BULB ON IN STATE GOVERNMENT

Project Edison Shines New Light on Business Processes

Thomas Edison once said, "There's a way to do it better, find it." Tennessee state government has done just that with Project Edison, a MEGAWATT software upgrade, which will update and streamline many administrative business processes.

Project Edison will delete decades-old systems that sport a majority of manual application and mountains of paperwork. Forced to retreat will be the alphabet armies of STARS, SEIS, TIS and TOPS.

"We're consolidating and eliminating cumbersome ways of doing things, said DMRS Project Edison liaison Jeff Smith. "The current systems often have delays from the time data is entered. Edison will use real-time processing, making results immediately available with up-to-date information.

"What does this do for our employees? A lot. They will be able to update their personal information, view pay stubs,

complete annual benefits enrollment, view their leave balances, submit travel expenses, and check their Flexible benefit accounts – all online. From top to bottom this is a great move."

The tuxedo title for all this is the Enterprise Resource Planning (ERP)



A Bright Idea for State Government

project. It started more than five years ago with an assessment study by a heavyweight ERP consulting firm. A "Think Tank" of 280 persons from across state government got together more than 150 times. The process hit fast-forward with the formation of a steering committee and ERP team, and the hiring of project staff and consulting services.

DMRS has been doing so much "mind melding" regarding Edison Mr. Spock would be proud. A 20-person team has been exchanging ideas for the past several months, mapping implementation.

Edison is blanketing several modules (that's tech speak for areas). Accounting, Payroll, Human Resources, Training, Inventory, Plant Maintenance and Procurement are units which will see the most impact. For DMRS the Edison switch gets flipped in December with Payroll. Other areas will go hot over the course of 2008.

Of course we're dealing with computers and not all DMRS employees have quick computer access. Smith is working with IT Director Barbara Charlet on addressing the situation. From Memphis to Johnson City, Edison will be a beacon to all employees. No one will be left behind.

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NEW DMRS ASSISTANT COMMISSIONER



Debbie Payne

Debbie Payne is the new assistant commissioner for Community Services, a move which took effect the first of the month. The position is new to DMRS and was created to streamline operations in several areas. Payne formerly served as head of the Division's Protection from Harm unit.

Payne will have oversight of all DMRS waiver programs, the Division's Operations unit, Case Management, and the regional offices.

"Debbie Payne has had a long and very productive tenure with DMRS," said DMRS Deputy Commissioner Stephen Norris. "Her experience in

community services and accomplishments in each position she has held in our Division made her the ideal choice for this appointment."

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Open Wide!

- New Friend
- Globetrotting for Goodness
- Fond Farewell
- Craven's Crush



Doutre Named DMRS Director of Operations

Laura Doutre is the new DMRS Director of Operations. Doutre, formerly the assistant director of the DMRS Compliance Unit, succeeded Denine Hunt who left the Division last month.

"I am very pleased to name Laura the DMRS Director of Operations," said Norris. "This title carries enormous responsibility. Laura is extremely dedicated to service delivery. Her interpersonal skills and extensive experience with agencies will serve her well in this position."

A native of Hohenwald, Tennessee, Doutre graduated from Middle Tennessee State

University in 1992 with a degree in Psychology, desiring to be a clinical psychologist. However, her first professional experience put her on a social services career path.

Doutre served a six year tenure as program coordinator with Buffalo River Services in Waynesboro. In 1998 she joined DMRS as a quality assurance surveyor at the Middle Tennessee regional office, later being promoted to regional monitor and regional monitor coordinator. Doutre moved to the DMRS Central Office in 2002 as a transition coordinator and two years later was named assistant director of Compliance.

"This is a large step and I appreciate Deputy Commissioner Norris' confidence in me," said Doutre. "I very much look forward to working with our providers, having hands-on involvement with our services and supports. From my first employment I knew this field was my calling, it is my passion."

"Succeeding Denine Hunt is quite a task. She has accomplished much and has enormous respect in and outside the Division. Working with Denine and my varied experience in the provider ranks will make this transition go smoothly. I am thrilled for this opportunity."

Doutre is married to United States Army Sergeant First Class Scott Doutre. She has a son, Sam Brewer, and three stepdaughters, Paige, Megan and Amber Doutre.

* Denine Hunt left DMRS to work as a consultant with Dr. Michael Smull, Director of Support Development Associates in Annapolis, Maryland, and Chair of The Learning Community for Essential Lifestyle Planning. Smull is the chief architect of Essential Lifestyle Planning, a guided process for learning how someone wants to live and for developing a plan to help make it happen. ■

Debbie Chadwick's New Friend

Just another day in the life of Debbie Chadwick; she receives a national award and high-fives the President of the United States!

Debbie, born with Down syndrome, is a client at the Orange Grove Center in Chattanooga. For the past ten years she has volunteered at Life Care Center of Missionary Ridge, a nursing and rehabilitation facility. Her work doesn't go unnoticed, but not long ago it landed right smack in the middle of a spotlight – the President's!

While visiting Chattanooga, President Bush presented Debbie with the President's Volunteer Service Award. The award is an avenue for the President to honor individuals who strive to improve the lives of their neighbors.

"On a scale of one to ten, Debbie was off the chart, very excited" said Mrs. Mary Chadwick, Debbie's mother. "Her brother,



Debbie with President George Bush and her mother Mrs. Mary Chadwick

sister and I were too. We're very proud of her. Her job in life is to make people happy. This is her purpose."

Debbie is on duty at Life Care two days a week, visiting residents and doing everything from pushing wheelchairs to distributing trays during mealtime. She started the Silent, Sightless Angel Program

She didn't get to ride in it.



President's Volunteer Service Award

in which she recruits volunteers from Orange Grove to bring Braille books to assist the blind residents. She also founded the Hugs and Touches Program to encourage more

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From the Desk of Deputy Commissioner Stephen H. Norris

Over the past month I have implemented organizational change at DMRS which will enhance our operations. I created the new position of DMRS Assistant Commissioner for



Community Services and appointed Debbie Payne to fill that role. Debbie will be responsible for our waiver programs, the Operations unit, Case Management and the regional offices.

Dr. Larry Latham, as assistant commissioner, has had oversight of these areas along with our three developmental centers. Dr. Latham, who is one of the premier authorities on facility services, assumed the community responsibility several years ago.

We have made great strides the past three-and-a-half years, and we must remain focused and continue our momentum. We are at a critical stage right now with present initiatives and major ones on the horizon.

We are in the early stage of implementing the Arlington Settlement Agreement, which entails the downsizing and closure of Arlington Developmental Center over the next three years, the development and operation of 12 community-based ICF/MR homes, the operation of a resource center, and the improvement of community services in that area.

We are continuing working and devoting much attention in our effort of having the Harold Jordan Center and Clover Bottom Developmental Center freed from the People First lawsuit.

Also, new to our agenda is assuming oversight of private ICF/MRs, developing operational guidelines and monitoring their implementation.

At this juncture it was imperative to separate facility and community operations.

Dr. Latham has done an outstanding job in juggling such enormous responsibilities. DMRS is very appreciative of his services. Now he can focus all his energy on Arlington and our other facilities.

Debbie Payne is an astute manager and strong leader. She has put our Protection from Harm unit on the national map. Asking her to step into this position was quite easy. It is a statement that we have to look no further than in our own house for this level of management talent. There is no doubt she will continue the gains in community services and foster even more success.

I would be remiss if I did not mention another recent appointment. Laura Dautre is the new DMRS Director of Operations. Laura, moving from our Compliance unit, has extensive experience with agencies and is ideal for this position. As with Debbie and Dr. Latham, I am grateful for her service and dedication.

With these changes I feel we are much stronger and in a much better position to move forward in fulfilling our responsibilities, reaching our goals, and attaining future successes. ■

Debbie's New Friend...cont

affectionate contact with residents.

"We're astonished that Debbie has progressed so far and is at the point where she receives all this notoriety for her work," said Mrs. Chadwick. "Her job means everything to her. She loves the people and they love her."

If the Chadwick family doesn't have a trophy case in their home, they may have to start thinking

about one. In addition to the President's award Debbie was named the Tennessee Health Care Association's Individual Volunteer of the Year in 2005, and the American Health Care Association's National Individual Volunteer of the Year in 2006.

Debbie Chadwick sports a very impressive resume! She's an independent person, working hard, spreading a healthy amount of joy. Anyone would be envious of such a meaningful life. ■

Edison Project...cont

And it won't be hard to keep up. There will be a lot of bells and whistles to make the system user-friendly. Users can expect intuitive icons, pull-down menus, point-and-click navigation, popup windows, scroll bars, radio buttons, the use of color for clarity and emphasis, and tool bars.

"Change can be intimidating and we realize that," said Smith. "There will be training and it will be made simple. Once everyone sees how much easier and beneficial Edison will be, and with the help on the learning curve, we'll wonder what we ever did without it."

Sort of like going from birthday candles to search lights! ■

GLOBAL BETROTTLING for Goodness

DMRS Clinical Medical Director Dr. Adadot Hayes made her third trip to Tibet this spring to participate in a program which delivers wheelchairs to disabled people. Personally Speaking requested that in addition to her Medical Message column, she pen a story about her venture.

For the past seven years Eunice Shen, a physical therapist from California, with help from such organizations as Rainwater Foundation, Kham Aid, and Wheelchairs for Humanity has headed up a yearly program to deliver wheelchairs to Tibet. In her second year Dr. Shen asked me to come along to provide medical care since the first year team had seen many people with extensive decubiti (bed sores) and other health problems.

Dr. Shen and I previously worked together in Southern California in a CCS (old term for Crippled Children Services) Clinic where Dr. Shen was the director and I was the clinical doctor. California has an extensive network of CCS Clinics for children throughout the state. Although I had long wanted to see Tibet, I was a little reluctant as I was unsure if I was qualified for such a trip and what might be encountered. However, I agreed and began to make

projects and got in touch with a few companies which might provide supplies. I then prepared supplies based on the experience of the prior year's team and advice from other physicians. I also made a decision not to try to bring medications to treat chronic disease which might require follow-up and continued medication, such as hypertension, glaucoma, diabetes, etc.

I got some refresher training on wound care, and brushed up on suturing under the careful eye of Dr. Skip Mason, a former surgeon who was on the staff of Greene Valley Developmental Center at that time. Preparation involved collecting medications for treatment, which included a lot of pain medications as discussion with other physicians who had been in foreign countries on projects noted that pain "was a big issue." Also, I put together a first aid package for the team which included clean needles; typically

unavailable in rural, foreign countries.

The first trip and all subsequent trips went through Chengdu, a city of 13 and a half million in China, which is by no means the largest Chinese city. Chengdu was used as a base of operations.

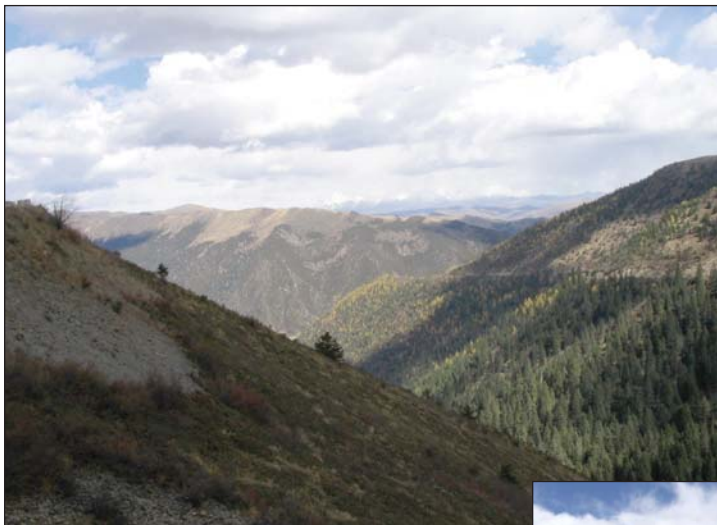
The fun began as the team traveled into Tibet by motor vehicle. Although I speak with awe the beauty of Tibet, the travel by small bus can be harrowing. This included traversing roads being constructed by dynamite, narrow two-way roads with 1,000 foot drop offs and no guard rails, and narrow passages at 17,000 feet that you wouldn't take a wheelbarrow through, but trucks and buses are plentiful. Tibet's average elevation is between 13 and 14,000 feet and it's a long way from anywhere. The roads are largely unpaved and it's a real adventure.

All of the trips have taken place in the Kham area of Tibet in the eastern part, which is home of the Khampa Warriors who are distinguishable by red cloth braided in their hair, both males and females, and who saved the Dahli Lama.

The last trip was to the highest and furthest areas of Tibet: Dege, a cultural seat, and Shiqu, one of the poorest. They are still largely intact despite the overwhelming Chinese presence in Tibet. Our team, which consisted of five or six



Dr. Adadot Hayes (Right), Dr. Eunice Shen and young monk



preparations. Finding out what to expect and how to prepare was difficult.

I couldn't find much information about health problems or services in Tibet, though I knew there wasn't much available. I was also concerned about how to be prepared to care for the team.

I did some searches on medical care for foreign



Medical Message

Dr. Adadot Hayes, M.D., DMRS Medical Director

The American Way of Life: Not Too Bad!

On my recent trip to Tibet, I was reminded how lucky we are to have been born in the United States. Life in Tibet is hard, a largely remote area with freedom suppressed by an overpowering government (China). Things are done mostly by hand and transportation is primarily by human or animal power. Attention to health, especially for those with disabilities, is especially lacking. There are few doctors, clinics and hospitals and little money to pay for care. Very few medications are available and there are certainly no emergency rooms. Tibetan medicine does little to help with accidents and chronic illness and certainly offers little to people with disabilities. There are no services for the disabled, like



Dr. Adadot Hayes (blue sweatshirt, center) conducts her work.

treatment, early intervention, SSI, Medicare or Medicaid, vocational rehabilitation, ADA for accessibility, therapies, medications, and adaptive equipment. In the area we worked the nearest hospital with an ex-ray was a two-day trip over dirt roads. Yet, the Tibetan people care for their family members with love and devotion. Families cope the best they can and create their own adaptations.



*Dr. Adadot Hayes, M.D.
DMRS Medical Director*



Dr. Hayes outdoor office.

We provided wheelchairs to about 75 people and saw hundreds for medical complaints, which were mainly joint pains, stomach aches, eye symptoms and various other problems. Many had already been treated by Tibetan medicine, most often for pain.

The issues can be illustrated by several of the people seen, many who traveled over 50 miles by foot to the clinic. One 32 year old man with paralyzed legs "walked" to the clinic on his knees. He had covered both knees from thigh to shin with old rubber tires for protection and was using short poles for balance. Unfortunately, he had chronic friction sores on one knee extending down to the bone, which he had tried to care for by himself. We treated his wounds, showed him how to care for himself, gave him supplies, and fitted him for a wheelchair. He was shown how to operate and use and care for his wheelchair. We saw him the next day in town on the main street in his wheelchair.

Another patient, a 45 year old man lost his lower leg in an accident. He had carved his own artificial leg from wood and got around by leaning on a long pole.

One mother walked 70 miles, 2 days in a row with her five year old, 30 pound child on her back to receive a wheelchair, leg braces and a therapy program. She also saw me for back pain.

The family of a nine year old girl who had a club foot had made her crude crutches. A non-ambulatory five year old boy was constantly carried on a sling by one of his parents and could not sit up or feed himself.

All of these people received a wheelchair with advice about use and maintenance and advice about adaptations and care.

Perhaps the most interesting patient seen was a 42-year-old woman who arrived in a wheelbarrow. She had athetoid cerebral palsy (a form of cerebral palsy with lack of muscle control) probably as a result of Rh factor, not an unusual problem in that area but long disappeared in the United States due to preventive measures.



Although able to communicate, this woman had no abilities to care for herself but was greatly loved by her family. Her father had died about six years prior and she lived with her aged and disabled mother, her aunt, a 15 year old nephew and a younger sister who carried her around on her back. The family lived on about \$200.00 per year and when the family worked in the fields the 15 year old nephew could not go to school. He stayed at home to take care of his aunt.

The house is one room without a bathroom. At home, she spent most of her time on a

Pathfinder Links People with Disabilities to Service Resources

Living with disabilities can involve a constant search for answers. Tennessee Disability Pathfinder, a statewide information and referral service covering all disabilities and ages, can connect people with resources from employment and summer camps to health care and housing.

Referral services, free of cost, are provided to persons with disabilities, family members, service providers, and advocates. Pathfinder has phone, print, and web resources in English and Spanish. The toll free number (English & Español) is 800-640-INFO [4636]; TTY users dial 7-1-1 for free relay service.

The 2007-2008 Tennessee Disability Services and Supports Directory has three regional volumes - East, Middle and West Tennessee—for purchase at a cost of \$25 each. To order, call 800-640-4636 ext. 15 or email www.kc.vanderbilt.edu/tnpathfinder/.

Tennessee Disability Pathfinder

Free information and referral in English and Spanish connecting Tennesseans to disability resources

English & Español:
1-800-640-INFO (4636)
Email: tnpathfinder@vanderbilt.edu
Internet: www.familypathfinder.org


VANDERBILT
KENNEDY CENTER
for Excellence in Developmental Disabilities


TENNESSEE
COUNCIL
ON
DEVELOPMENTAL
DISABILITIES

For Internet users, the Pathfinder website lists Tennessee's disability services in one central location. There is an easy-to-search database of 1600 agencies, searchable by Tennessee counties and types of service. There are topics on Education, Health Care, Employment, Housing, Pathfinder en Español, and more. It incorporates Tennessee and national resources. For more information about Pathfinder, visit the website at www.familypathfinder.org, or email questions to www.kc.vanderbilt.edu/tnpathfinder/.

Tennessee Disability Pathfinder is a project of the Tennessee Council on Developmental Disabilities and the Vanderbilt Kennedy Center for Excellence in Developmental Disabilities. ■

New Assist. Comm....cont.

"My entire career has been developmental disabilities" said Payne. "My work is very dear to me. This is a chance to be more involved in our service system, a chance to more directly affect our efforts in enhancing the quality of care for the persons we support. I look forward to assuming these new responsibilities and am thankful for the opportunity."

Payne graduated from Middle Tennessee State University with a Bachelor of Science degree in Psychology. She spent 12 years at Clover Bottom Developmental Center, beginning with direct support and working her way up to Director of Habilitative Services.

In 2000 Payne left state service, joining the provider agency Volunteers of America of Tennessee as its administrative director. Four years later she returned to DMRS to oversee Protection from Harm.

In the past few years Payne assembled an organization that is recognized as one of the top Protection from Harm operations in the country, most noted for its innovation.

Payne is married to Mike Payne, the chief financial officer for the Captain D's restaurant chain. She has two sons, a daughter, and two stepsons. ■

Medical Message...cont.

pile of urine and feces soiled hay while the family worked in the fields. They had no sheets and little furniture. They borrowed the wheelbarrow for transportation and she was transported about 10 miles over the roads to receive a wheelchair; it was only the second time she had ever left her home and the first time she had ever been in the town. She left in a second-hand, \$4,000.00, custom wheelchair brought from the U.S. with a very big smile on her face.

Medically, very little is available in the area. I saw many people complaining of pain. The treatment they received left scars and little relief. There is no "drug store" in rural Tibet and medications, such as Aspirin and Tylenol, are universally unavailable. Many people had never before seen a western doctor. Few babies are delivered by a doctor or even a midwife. There are certainly no

clinics, emergency rooms or laboratories universally available.

I did not see many life-threatening medical problems as I suspect those people do not survive. I did see one Tibetan official with a significant heart murmur and heart failure and advised him to go immediately to the hospital, a two day journey. There was nothing I could do for him, although I suspect he would be easily treated almost anywhere in the United States.

The patient I will never forget was a sweet little boy of 11 who looked five and had little use of his weak and atrophied arms and legs. He was constantly carried by his parents and obviously much loved and comforted by them. He had intermittent fevers which occasionally got so bad he was treated with IVs, but had no other treatment and certainly not a diagnosis. I suspect that he had some sort of a connective tissue disorder which would be difficult to diagnose and treat even

in the United States. There was little I could do, but I did give them a generous supply of Aspirin for comfort to treat the fever and we spent a lot of time trying to figure out how to make it palatable and prevent stomach ulcers. Since he was held constantly by his parents, we provided a wheelchair for positioning and mobility, and he seemed to feel proud to have this means of transportation.

Can you imagine not even having the availability of an aspirin, let alone all the other treatments that we are able to receive in the United States and take for granted?

Every trip I have gone on I have returned thinking everyone here should spend one day in Tibet. Maybe we would appreciate things more. In spite of how hard life is there, the Tibetans are one of the happiest and most generous and spiritual group of people I have ever met. ■

Globetrotting....cont.

physical therapists, myself, translators, drivers and support personnel, was accompanied by a Chinese “minder.” We stayed in a hotel authorized for foreigners. These hotels are usually the best in town and usually with a restaurant serving excellent Sichuan Chinese food, but the one in Shiqu had no running water, little electricity and a very communal bathroom.

Clinics are set up by local Chinese government officials, but for this trip the officials were actually Tibetan. To be on the official list to be seen, people had to be registered with the Disabled Peoples Federation, an agency of the Chinese government that tracks the disabled. The agency provides no services, but occasionally small sums of money.

The clinic is usually advertised on television, in part, to “glorify” the government. Many people show up who are unregistered, including children with developmental disabilities. The Chinese usually discourage us from seeing this population since they aren’t registered. They may be nomadic and not known anywhere on the “Chinese roll.” The disabled children are viewed as persons who “can’t do anything” or “don’t contribute.”

The clinics are always held at a government building but since the population is largely devalued, the clinics are usually held on the steps of the building. This creates some difficulty as it hampers privacy, and occasionally crowds make it difficult to do work.



Lining up for a clinic

In past projects I primarily saw people with disabilities and their families. However, this year, because of the remoteness of the sites and the fact that there is little medical care, general clinics were held. I visited with about 90 to 100 people per day.

Communication is rather complicated as it starts with English, then is translated to Chinese, then to Tibetan, back to Chinese, and then to English. By far the most common complaint is pain. Life is hard in Tibet and as people age they develop joint problems. There is also a very high incidence of accidents and it is not unusual to see somebody who broke a bone, never had it treated, and it healed in a position that interferes with function.

In addition, there is an interesting disease known mostly only in Tibet called Kashin-

Beck disease, or Big Bone disease. This is an unusual disease where individuals have swollen, painful joints in the knees, feet, ankles, elbows, and hands. It is believed to be related to a combination of iodine deficiency and a fungus which grows in barley, a staple of the Tibetan diet. Over the past 10 years, there has been increasing research in Tibet referring to the disease and an attempt to set up prevention programs with iodine salt and education about proper storage of barley.

Other common problems we saw were a high incidence of gastroesophageal reflux disease (GERD). Another problem in Tibet, because of the high altitude and bright sunlight, is cataracts. Most Tibetans, at least in this area, went to doctors which practice medicine very differently from those in the United States. Also, most western medicines are unavailable in Tibet and certainly not in these rural areas. This includes the inability even to purchase a simple pain medication such as aspirin.

The majority of people with disabilities seen are provided a standard wheelchair, which is purchased in China from a local company and costs \$125.00. They are pretty good and have improved over the years, but are not customized beyond what the physical therapists can do “on the spot.” I am very impressed with the program that Dr. Shen has set up where the therapists spend quite a bit of time with people receiving wheelchairs, adjusting them as much as possible, teaching them how to use the device, and giving them instructions on repairs.



Communicating with smiles

F · R · I · E · N · D · S



The Arc of Tennessee

The Arc of Tennessee has hired Kristin Byrd as the new Project Director for the Supports Brokerage Project. Kristin is a native of Clarksville, Tennessee. She graduated from the University of Tennessee Knoxville with a Bachelor of Arts in Public Administration.



Prior to coming to work for The Arc, Kristin worked in both the state and corporate sectors. "I am really excited about working with such a great organization as The Arc," states Kristin. "But the most exciting aspect of the job is helping individuals with disabilities self-direct their services, giving them the freedom of choice and more control over their lives."

Self-Direction is the act of choosing and controlling aspects of one's life. By choosing to self-direct in the Self-Determination Waiver, you are exercising your right to choose and manage your services providers. Individuals who choose to self-direct through the Self-Determination Waiver are provided with a fiscal administrator and a support broker.

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Vanderbilt Kennedy University Center for Excellence in Developmental Disabilities

Calling Artists with Disabilities

Tennessee artists with disabilities have two great opportunities coming up—taking a professional development workshop and submitting work for a 2008 juried exhibit at the Frist Center for the Visual Arts in Nashville. Both are the result of a unique collaboration among VSA arts Tennessee, the Frist Center, and Tennessee arts and disability organizations, including the Disabilities and Arts Program of the Vanderbilt Kennedy Center (VKC).

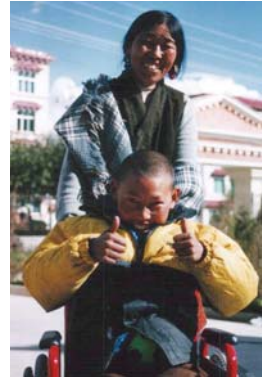
The exhibit's Advisory Committee also includes representatives of Centerstone, Tennessee Performing Arts Center, Tennessee Disability Coalition, Cultural Enrichment of Vanderbilt University Medical Center, Tennessee Arts Commission, Technology Access Center, Pacesetters, Full Circle Art, and artists with disabilities and disability art advocates.

"We're thrilled to be part of this great team effort," said Gretchen Herbert, VKC Recreation and Arts Coordinator. "Working with many wonderful community partners, we've been exhibiting the work of artists with disabilities since 1994. This 2008 exhibit at a major art museum is exciting for all

cont. next page

Globetrotting....cont.

It has not been unusual the next day to see someone in their new wheelchair about town. In addition, some custom wheelchairs are packed in luggage and brought from the U.S. These can be quite elaborate, and in fact one individual who was brought to the clinic in a wheelchair was placed in a very elaborate, second-hand, custom-made chair worth approximately \$4,000.00.



Over the several trips I have made to Tibet I have seen people who have improved their function to the point they are able to sit up in a wheelchair and get around. On one occasion when the team did a follow-up on a young man in a rural area, it took a half an hour to locate him because he was out visiting the neighbors in his wheelchair. A great respect has been gained for this devalued population over the years as well as an understanding of their needs.

Our early trips showed some reluctance and distrust among Chinese officials, but this last time there seemed to be more understanding of the disabled population, particularly those with developmental disabilities. We are beginning to go back to places we once visited, and are seeing individuals who have been provided wheelchairs making marked improvements in their lives.

As far as medical care goes, I am glad to help people temporarily with short-term relief of pain and treatment of minor problems, but it is sad that they do not have the availability to even minimal medical services required for good health. I occasionally see patients who appear to have significant illness, which would require laboratory testing for accurate diagnosis and probably extensive chronic care. However, in some countries persons with disabilities, especially children, who are perceived not to be useful are left to die. The impressive thing is that the Tibetan people seem to cherish and value all of their people. ■

FOND FAREWELL FOR A SPECIAL PERSON

**Sandra Collins Closes the
Book on 39 Years
of All Things DMRS**



If you were born, what you were doing 39 years ago? DMRS East Regional Director John Craven was a junior in high school, quarterbacking the football team to glory. DMRS Director of Quality Assurance Pat Nichols was also a junior, fashioning a political machine in student government. Greene Valley Developmental Center Chief Officer Dr. Henry Meece was standing tall as a member of the United States Marine Corps Reserve and working on his Masters at the University of Virginia.

In the fall of 1968 Sandra Collins was adjusting to her new job with DMRS at Greene Valley Developmental Center. She did pretty well settling in, so much that she never left. Mrs. Collins retired last month after a successful and memorable career, all of it spent at Greene Valley or the DMRS East Regional Office.

A Greeneville native, Mrs. Collins first position out of high school was working as a secretary at U.T. Hospital in Knoxville. However, family ties tugged a little tight so she headed back home. She joined Greene Valley as a psychiatric aid providing direct care to residents. When the center's community services unit was formed she served as a member of the crisis prevention team and as a family trainer.

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The ARC ...cont.

Public Partnerships, LLC is the fiscal administrator providing all payroll responsibilities. The Arc of Tennessee is the supports brokerage agency providing each participant with a support broker. The support broker will make sure the participants understand the principles of self-determination and how to self-direct their services; and assist them in the process of self-directing their services. The objective of this project is to insure the success of the self-direction movement, to enhance the lives of individuals and their circles of support as they determine their future, design their own support plans, choose the assistance they need to lead full lives and control personal budgets for their supports. ■

Vanderbilt...cont.

of us who believe that the arts help us to realize our common humanity even while we celebrate our diversity."

Frist Exhibit

The Frist Center has announced a statewide Call for Works. Entries are open to "emerging and professional artists with disabilities, ages 18 years or older living in Tennessee and having a physical, cognitive, or mental disability." Proposals must be submitted by October 1, 2007. Entry forms are on the Frist Center's website: www.fristcenter.org, or call Susie Elder, (615) 744-3351.

The exhibit, scheduled May 16 to Sept. 14, 2008, in the Frist Center's Conte Community Arts Gallery, will provide a showcase for the work of artists with disabilities, will promote awareness of the talents of individuals with disabilities and help eliminate barriers for people with disabilities through the arts.

VSA arts TN Workshops

VSA arts Tennessee will offer five professional development sessions across Tennessee this summer for artists with and without disabilities.

The workshops will give visual artists information on how to create a professional portfolio of their work and how to photograph their work for submission to juried art exhibits. A photographer will be present to photograph up to three pieces of art work free for artists with disabilities.

Workshops will be led by Nashville artists, Yvette Parrish and Massood Taj, both of Full Circle Art, an organization dedicated to representing, developing, and promoting artists. Full Circle artists have led inclusive art workshops for the Vanderbilt Kennedy Center Arts Program that culminated in exhibits, including the Center's current exhibit "Common Ground II" (see below).

Workshop Saturday dates and locations are: July 14, Customs House Museum, Clarksville; July 21, Farragut Branch Library, Knoxville; July 28, Downtown Branch Library, Chattanooga; August 18, Germantown Library, Germantown; August 25, Green Hills Library, Nashville.

Workshops are free but limited to the first 25 registrants. Pre-registration is required by June 25. To register, call VSA arts (615) 826-5252 or email userk7706@aol.com.

The workshops are offered in conjunction with the Frist Center with financial support from the Tennessee Arts Commission.

Jewel in Your Heart Exhibit
The Full Circle artists who will facilitate the VSA arts workshops led an inclusive drum circle and art workshop at the Renaissance Center in Dickson that included individuals with disabilities served by Developmental Services of Dickson. The work created is now a VKC exhibit, "Common Ground II: Celebrate the Jewel in Your Heart." It is on display in the VKC lobby weekdays through Sept. 28. It can be viewed online at kc.vanderbilt.edu/kennedy/community/art.html. ■

Craven's Crush Cops Title



Vince Lombardi, Casey Stengel, Phil Jackson - famous coaches at the top of their sport. Think youth soccer

in Tennessee. Now think John Craven. The DMRS East Regional Director is building a soccer dynasty in Knoxville!

*Craven's Crush
John Craven (Back row, far left)*

Craven, who has coached for several years, led his team, the Crush, to the Division 1 State Championship recently. The team is affiliated with the Knoxville Football Club and is for boys 16 and under. This was Craven's fourth title – three with different teams!

The Crush downed a squad from Memphis to take the championship and now advances to the Southeastern Regional in Oklahoma City the end of the month. Success there and it's on to the national championship in Dallas.

Craven is getting the reputation as a hired gun. Word is that people are hearing a voice emanating from Knoxville soccer fields: "Hire John and a championship will come." ■

Fond Farewell...cont.



DMRS Director of Quality Assurance Pat Nichols presents certificates to Mrs. Collins, one of which was from Governor Phil Bredesen

"I've always found my work very gratifying," said Mrs. Collins. "Every week it was something different. There was so much change that took place that brought about renewal and energy. It was interesting and kept me enthused."

It also kept her on her toes. For many years Mrs. Collins traveled rural East Tennessee in her family trainer role and as a family model surveyor, taking the temperature of families that had taken in and were caring for persons with mental retardation.

"One time I went to see the family of a person who needed services," said Mrs. Collins, starting to smile. "I was told to drive to the top of the hill where the path started and blow my horn. If I heard a gunshot I could come on down the trail to

the home; that was the signal. But, you know I never felt threatened. If you were helping someone in the community, it was very much appreciated."

"Sandra Collins has been the consummate professional," said Craven. "She has served in many roles at DMRS and performed in each one brilliantly. You won't find a more caring and lovely person. She touched a lot of lives and will be greatly missed."

Mrs. Collins spent the past ten years as a Quality Assurance Surveyor. From direct care to working with agencies Mrs. Collins has seen and done it all.



Farewell Party fun: Friends Tammy Green (center) and Janet Kinley with Mrs. Collins.

"When I started our work was more custodial care, meeting basic needs. Now it's all about the best life possible, developing skills and being productive; it's wonderful where we are now. I'll truly miss the persons I've worked with and seeing them improve their lives.

"My most enjoyable position was QA. I watched it evolve from just supporting and monitoring agencies to becoming a resource. It's more of a partnership, we work together as a team and that's more beneficial for the persons we serve.

"Sandra's longevity speaks volumes," said Nichols. "You have to be dedicated to your mission and enjoy what you're doing. I am very appreciative for all she has done in QA and admire her contributions throughout the years. We were truly fortunate to have her."

Mrs. Collins says she struggled with the retirement decision, leaving friends and doing something that derived so much satisfaction. However, she has a plan that goes into effect immediately. From now on her quality assurance work will be taking assessments of her golf game.

"DMRS was a wonderful journey. When you're working there are things you say you want to do when you retire and now it's time. I'll definitely spend more time on the golf course. I have a wonderful husband of 41 years who's a minister, and we'll do mission work. I certainly won't have to worry about being bored."

* Mrs. Collins wanted to note her strong appreciation to all her coworkers for their support. Special thanks to Linda Randall, Nancy Krahnbill, Pat Nichols and John Craven. ■



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Marching to the Beat of a Different Drummer

The Tennessee Chapter of the National Association for the Dually Diagnosed will host its annual conference "Celebrating Individuality" September 6th and 7th at the Radisson Hotel near Opry Mills in Nashville. Various topics related to providing services and supports to people with mental retardation and mental health needs will be addressed.

The conference will be a good source of information for individuals, families, care givers, ISCs, case managers, DSPs, provider management, staff, clinicians, teachers, and others interested in best practices.

Go to the DMRS website at: www.state.tn.us/dmrs for a conference schedule and registration form. Click on Newsroom, then Announcements. ■



There are many acronyms and terms associated with the DMRS. In each issue of Personally Speaking we'll serve up a small portion of Division alphabet soup.

DDC Tennessee Council on
Developmental Disabilities

DCS Department of Children's
Services

DRS Division of Rehabilitative
Services

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Personally Speaking Listens!

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Got ideas or opinions? Send them our way!

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